

Quality Council
Monday, September 30, 2002
3:30-5:00 p.m.
Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Alice Howell
Eleanor Owen
Steven Collins
Clifford Thurston
Frank Jose
Jack Fuller
Alberto Gallegos

Absent

Debra Roszkowski
Jeanette Barnes

Staff Present:

Liz Gilbert
Walt Adam
Terry Crain

Guests

Barbara Vannatter, United Behavioral Health (UBH)
Rich _____, Downtown Emergency Services Center (DESC)

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves.

III. ANNOUNCEMENTS

- Ron Sterling congratulated Eleanor Owen for her accomplishments in the recent primary.
- Ron spoke about recent successful efforts in getting support from the Washington State Psychiatric Association in promoting a recovery approach to mental health services.

- Ron and Charlie Huffine, King County Youth Medical Director, have been educating psychiatrists affiliated with the Washington State Psychiatric Association on the recovery model. The principles and concepts have been well received.
- Frank Jose announced that the “Run For Mental Health”, jointly sponsored by NAMI of Greater Seattle and the Community Psychiatric Clinic, earned \$8,000, which doubled the proceeds from 2001.
- Frank spoke about client surveys that will be conducted with sponsorship from the state Mental Health Division (MHD). The MHD contract with Benjamin Brody, M.D., to develop and implement a “point in time” survey that assesses client perceptions about how they are doing. There have been concerns that this survey places excessive emphasis on client deficits rather than their strengths. Dr. Brody will provide an orientation to this project and the surveys during the October 25, 2002 Partnership Group.

IV. RSN UPDATE

Liz provided an update of current activities at the RSN, including:

- Crisis Clinic was the successful bidder for Inpatient Authorization Services. [Note: there was a discussion about the function of these services and several QC members requested copies of the Statement of Work from the Inpatient RFP, and the inpatient authorization report produced by UBH. Liz will provide copies of both documents].
- The September 19 Recovery Conference was well attended, and evaluations are largely favorable. The Recovery Steering Committee (RSN staff, providers, consumers and advocates) will draft recommendations for next steps.
- The Joint Mental Health and Chemical Dependency Legislative Forum will be held on November 21, 2002 at the Criminal Justice Training Center in Burien from 6:30 – 8:30 p.m.
- The RSN has initiated the hiring process for staff who will fill functions that have been the responsibility of UBH.
- The RSN is working closely with UBH during this transition period to assure all contract requirements met as UBH staff find new positions and leave.

V. QUALITY REVIEW TEAM CLIENT FORUMS

Steven Crain provided a summary of the client forums that were conducted by the Quality Review Team (QRT). The QRT sponsored forums at 17 outpatient programs and 5 residential facilities, and talked with approximately 400 clients. During the forums, the QRT presented an overview of three of the initiatives they have completed: 1) the “After Hour Crisis Response Study”; 2) the “Consumer-Case Management Study”; 3) the “Client Satisfaction Survey”.

As a result of these initiatives and additional information gathered during the client forums, it appears most clients believe the system works -- clients believe that agencies and case managers are available to assist them to meet their needs.

The QRT identified themes common throughout the forums:

1. Service issues: more help with crisis services, improved access to hospitalization when needed, and positive experiences with services provided at residential facilities.
2. Treatment issues: desire for focus on recover, concerns about generic drugs.
3. Case management concerns: impact on access/services due to budget cuts – reduced hours of operations, lack of recreational/social activities, caseload size, staff turnover.
4. Compliments: dedicated case managers, recent immigrants appreciate opportunities.
5. Financial concerns: desire for more personal spending money.
6. Housing issues: lack of housing, concerns about homelessness.
7. Recommendations: grants to clients to fund clubhouse activities and hygiene needs, need for improved media communication about outpatient care.

Steven was asked to provide tabulations on each of the response categories: how many clients out of the total number of those interviewed responded in a certain way.

VI. HOUSING UPDATE:

Walt Adam provided an update on residential facility licensing procedures. [Note: this discussion relates to the recent complaint about the quality of care provided at an RSN funded residential facility.] As noted earlier, Aging and Adult Services (AAS) is responsible for responding to complaints related to licensure requirements. When a complaint is received, an investigator will be assigned and will visit the facility within a two week period. The facility provider then has up to 45 days to rectify problems, unless the nature of the complaint is of higher priority. Identified issues are then monitored during subsequent licensure reviews. AAS indicated that WAC and internal requirements prohibit joint site visits that include RSN staff, but AAS will provide site visit reports to the RSN office. Although AAS visits are technically described as drop-in, there is an annual schedule that tends to be followed each year, so providers generally have a fairly good idea about when site visits will occur.

When asked if the community mental health WACs allowed joint site visits with AAS, Walt indicated there does not appear to be any language that would prohibit this. A suggestion was made that the RSN develop a site visit schedule that results in facilities being visited at a different time of year than licensure review.

VII. AFTER HOURS CRISIS RESPONSE

Alice Howell provided an update on the work group that will make recommendations about system modifications to after hour crisis response to adults and youth. Meetings continue to be held and the next scheduled meeting will be at the end of October. The group is now considering the cost of options currently under review – any recommendation made by the group cannot exceed current revenues and allocations. Regardless of the options under consideration, one recommendation the work group will

make is that crisis response will be provided via a single access number, and that this number will always be answered by a “live” person. To be worked out is whether this number will be for the entire system, or for each agency. Currently some mental health providers provide after-hour crisis response for their clients while others contract for these services.

VIII. A CASE MANAGER PERSPECTIVE

Ron Sterling introduced Rich _____, a case manager from DESC who attended the meeting as a result of the letter to clinicians sent by the Quality Council. Rich indicated he has worked as a case manager at DESC and that he works on the team that serves outpatient clients, SAGE. In all, there are 14 case managers on the SAGE team who serve approximately 300 clients – the average case load size is 32 clients. Recently, case managers have noticed a number of changes in administrative requirements, which are understandable but frustrating. Rich spoke about the overall decline in revenues/resources and how that challenges case managers to be stewards of resources, and to find new ways to do their work. The DESC is now preparing for their annual audit by UBH, which is always a very stressful time for everyone. Rich is interested in learning more about the Quality Council and its activities. He hopes to attend on a regular basis.

NOTE: The September meeting will be held on September 30th, 2002
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For information call Liz Gilbert, King County Mental Health, Chemical Abuse and Dependency Services Division at (206) 205-1322.